Receipts and Disbursements Report

U.S. Department of Labor



ffice of Labor-Management Standards			Persons, Includin							ed. — OMB	
shington, D.C. 20210 Consultants and Other Individuals and Organizations, D. 1986) Under Section 203(b) of the Labor-Management								No. 1214-0001 Expires: 12/31/86			
,			and Disclosure Act	of 19	959, A	s Amended	(LMRD/	4)			
		A.—PERSO	ON FILING								
NAME AND ADDRESS (Include ZIP			2. ANY OTHER TO VERIFY TH	ADDR	EPORT	WHERE REC	ORDS I	IECESSAR	t¥.		
LRI Consultin											
7850 South											
Broken Arrow	11 OK 740	1)(3. FILE NO.		4	4. PERIOD		Month Day Y		Year	
Dioce, Illion			C /3/-			BY THIS From:		/	/	01	
			525			REPORT To:		12	31	101	
L—STATEMENT OF RECEIPTS. Repo the a	rt all receipts from en dvice or services.	aployers in cor	nnection with labor	r rela	tions a	advice or sen	rices re	gardless o	f the pu	rposes of	
NAME AND ADDRESS OF EMPLOYE	FP (Include 71P code)					6. TERM	INATIO	N DATE	7. AM	OUNT	
Palmer - Donavin	Mfa Co					1	2/2	101	s 2	315.00	
1200 Steelwa	1111111					1	15		/		
Columbus 0	H 43212						-				
Roberts + Dybda	h Inc.					ÎI	128	101	3,3	315.00	
PO BOX 1908 Des Moines 1A	50306								-		
DEZ A COLLES	30300										
										(3)	
									-		
						TOTA	L		\$ 10	1030.00	
6. DISBURSEMENTS TO OFFICERS A (a) Name		Expenses \$	(d) Totals		Office Public	and Adminis		Expenses	\$		
						ar Profession					
						Made					
Total Disbursements to officers and	d employees:	1	1			Disbursemen					
								s 8-13)	\$		
D.—SCHEDULE FOR STATEMENT OF		Use this Sche the instructio	edule to report only ons.	y disb	ursem	ents made fo	r the pu	rposes de	scribed	in Part D of	
15. EMPLOYER	16. TO WHOM PAID)	17. AMOUNT		18. Pt	URPOSE	-		6 - 4 -	1.00	
Palmer-Donavin	Matt Perov	Consulti	1,657.	50	EM	played	to	give	Spee	succes	
	10917 Kilpa	1 . 1	3	\top	The	on to	not	1011	na	JUNCIE	
	Oak Lawn	16 6045	13	_	ui	rion		7			
Roberts + Dyboahl	Matt Perovice	Carultin	1,657.5	50		10			11		
1000112	10917 Kilpa	touk		+					1.	/ 多 黃	
	Oak Lawn	11 6045	3			11			1,	SE P	
				1						THE SE	
			-	-							
		TOTAL	:3,315.0	0							
	IF MORE SE	ACE IS NEED	ED ATTACH ADDI	TION	AL SH	IFFTS					
*									,		
E-VERIFICATION AND SIGNATURE	E. The person in item	1 above and	each of his unders	gned	autho	rized officers	declare	s, under	enalty of	f law, that all	
knowledge and belief true correct,	and complete.	porated theres	or referred to in	unis r	epole.			1) is, to u	ie best or mis	
A STATE OF THE	lek			6		LA.	MA		-		
SIGNED!		f other title,	SIGNED:	-	1	. aV			(If of	TREASURER ther title,	
at: City State		ross out and rrite in correct itle above.)	at: Droke	ent	State	J 0/ en:	2/	23/0		s out and in correct above.)	

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Office of Labor-Management Standards Required of Persons, Including Labor Relations Form Approved. - OMB Washington, D.C. 20210 Consultants and Other Individuals and Organizations, No. 1214-0001 Under Section 203(b) of the Labor-Management (Feb. 1986) Expires: 12/31/86 Reporting and Disclosure Act of 1959, As Amended (LMRDA) A-PERSON FILING 1. NAME AND ADDRESS (Include ZIP code) 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT: RI Consulting Services Ferc. 7850 South Elm Place Broken Arrow OK 74011 3. FILE NO. 4. PERIOD Year COVERED Ö BY THIS REPORT To: -STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. 5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) 6. TERMINATION DATE 7. AMOUNT esert Aggregate 2/14/01 Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. STATEMENT OF DISBURSEMENTS. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: (a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses ___\$ 5 11. Fees for Professional Services 13. Other Disbursements Total Disbursements to officers and employees: 14. Total Disbursements (Sum of items 8-13) D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 17. AMOUNT 18. PURPOSE Employed to give speeches to · 4081.62 There to not join a union \$ 4,081-62 IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS E-VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

(If other title, cross out and write in correct title above.)

City

State

TREASURER

(If other title, cross out and write in correct title above.)

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SIGNED:

PRESIDENT

(If other title, cross out and write in correct title above.)

SIGNED:

SIGNED:

SIGNED:

TREASURER

(If other title, cross out and write in correct title above.)

City State

Date

TREASURER

(If other title, cross out and write in correct title above.)